

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	03/04/2019 13:02
Date Of Accident	02/04/2019 14:40
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVE 1 & AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7096Y
Insured/Policyholder	
Name Of Registered Owner	LING KWANG HOME FOR SENIOR CITIZENS
Co Reg No	T08SS0070F
Email Address	KAREN.LOH@LKHSC.ORG.SG
Mobile Phone No	
Alternative Phone No	OFFICE-84054671

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D COMMUTER (M)
Exact Purpose for which vehicle was being used at time of accident	SENDING CLIENT HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105344004
Cover Note Number	19/07/18 - 22/08/19

Driver

Name of Driver	KONG HUONG CHIEW
NRIC No	S1773632I
Date Of Birth	03/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	14/01/1985
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92372716
Fax Number	
Contact Number	
EMail Address	NOEMAIL

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KONG HUONG CHIEW

Approximate Age

Injuries Sustain

Injured person in which vehicle? PC7096Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name FEMALE ASSISTANCE

Approximate Age

Injuries Sustain

Injured person in which vehicle? PC7096Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Address	BLK 124 YISHUN ST.11 #10-373
Postcode	760124
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCN66B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LU JIAYAN
NRIC/Passport Number	S8061763A
Contact Number	93883338
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

AmK
Ave B

Ang Mo Kio Ave 1

A = PC 7096Y
B = SCN 66B
Lu Jia Yan
S 8061763A
HP-93883337

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20190403/2055

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____
Date & Time: _____

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: (YS)
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

() Claim Own Policy (✓) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop (_____)

MT/1038702-001

SKETCH PLAN

VEHICLE NO.: PC 70964
INSURER : NTUC
DATE & TIME: 02/4/19 @ 14:40

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

靈光愛老院

LING KWANG HOME FOR SENIOR CITIZENS

156 SERANGOON GARDEN WAY
SINGAPORE 556055

TEL: 6287 5466 (6 LINES) FAX: 6284 3567

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190403/2055

1 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190403/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2019 11:39	Vide Report No.:	Station Diary No.: 80
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Informant's Particulars

Name of Informant: KONG HUONG CHIEW			Address: APT BLK 124 YISHUN STREET 11 #10-373 SINGAPORE 760124		
ID Type / ID No.: NRIC NO / S1773632I			Contact No.: Home/Office: Mobile: 92372716		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 03/10/1966	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/04/2019 14:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ANG MO KIO AVENUE 1 ANG MO KIO AVENUE 6 Along Ang Mo Kio Avenue 1 towards Ang Mo Kio Avenue 6, just before the junction of Ang Mo Kio Avenue 8 and Bishan Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC7096Y	Van	TOYOTA	HIACE	White	Seriously Damaged	3
SCN66B	Car	SUBARU	FORESTER	Black	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190403/2055

CONTINUATION OF REPORT

Driver			
Name	KONG HUONG CHIEW	ID No.	S1773632I
Related Vehicle	PC7096Y (Van)	Contact No.	92372716
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	02/04/2019	Date Discharge	02/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	LU JIAYAN	ID No.	S8061763A
Related Vehicle	SCN66B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/04/2019 at about 1440hrs, I was driving a White Toyota Hiace PC7096Y along Ang Mo Kio Avenue 1 towards Ang Mo Kio Avenue 6, just before the junction of Ang Mo Kio Avenue 8 and Bishan Road. There were about 6 vehicles which had stopped in front of me as the traffic light was red. I then came to a stop. More than a minute later, a Black Subaru Forester SCN66B suddenly hit into my van from behind.

I got out and spoke to the lady PRC driver, and took her details. Due to the collision, my neck was strained and I felt giddiness. I had one elderly female passenger on board, seated on her wheelchair, and her domestic helper managed to catch her wheelchair and prevented her from falling. The domestic helper's leg was hit by the wheelchair when catching it.

The elderly female informed she was fine, and did not need an ambulance. The domestic helper felt some pain on her leg however I am unsure if she went to see a doctor.

There was also an auntie seated behind, and she informed that her head had hit into another seat due to the collision. The auntie felt giddy however did not immediately see a doctor. On the morning of 03/04/2019, the auntie informed me that she went to see a doctor as her eyes hurt.

My neck was strained, and there was pain on the rear of my head as well as general tightness on my head. I felt giddy as well, and I subsequently saw a doctor at a SG Family Clinic and was referred to TTSH A&E. The doctor at TTSH wanted to keep me for observation, however as I did not feel like vomiting, he let me go home and told me to come back if I feel unwell. The doctor gave me an MC of 3 days.



**SINGAPORE
POLICE FORCE**



T/20190403/2055

3 of 4

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Report No. T/20190403/2055

CONTINUATION OF REPORT

Due to the accident, the bottom rear side of my van was bent inwards, and the rear door cannot be closed as it was bent inwards, hence I tied the door to keep it shut. The Subaru's front was dented. I am working as a transport service under Ling Kwang Home For Senior Citizens, to send elderly passengers home, including wheelchair bound passengers.



**SINGAPORE
POLICE FORCE**



T/20190403/2055

4 of 4

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Report No. T/20190403/2055

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

L /

Staff Sgt KENNETH KOH CHIN HAO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

03/04/2019 11:39

Classification Of Case:



Signature

Singapore Police Force

SN 085

